

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>		Attorney Docket No.	SP02-180		Total Pages	2
		First Named Inventor or Application Identifier Bickham et al.				
		Title : LOW KAPPA, DUAL-MOTE DC FIBER AND OPTICAL TRANSMISSION LINE				
		Express Mail Label No.	EV327188427US			

CERTIFICATE OF EXPRESS MAIL UNDER 37 CFR 1.10:
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and is Addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450


on 9/23/03
(Date)

Signature *Randall S. Wayland*

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ADDRESS TO: Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

17497 U.S. PTO
10/668390



1. ☒ * Fee Transmittal Form
(Submit an original and a duplicate for fee processing)

2. ☒ Specification [Total Pages 18]
(preferred arrangement set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. ☒ Drawing(s) (35 U.S.C. § 113) [Total Sheets 9]

4. Oath or Declaration [Total Pages 2]

a. ☒ Executed (original or copy)

b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)

i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (Appendix)

6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. ☐ Computer Readable Copy

b. ☐ Paper Copy (identical to computer copy)

c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☒ Assignment Papers (cover sheet & document(s))

8. ☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney
(when there is an assignee)

9. ☐ English Translation Document *(if applicable)*

10. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations

11. ☐ Preliminary Amendment

12. ☒ Return Receipt Postcard (MPEP 503)
(should be specifically itemized)

14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)

15. ☐ Other:

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional. ☐ Continuation-in-part (CIP) of prior application No

Prior application information: Examiner: Group / Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

22928

or ☐ Correspondence address below

ADDRESS	Corning Incorporated, SP-TI-3-1				
CITY	Corning	STATE	NY	ZIP CODE	14831
COUNTRY	USA	TELEPHONE	(607) 974-0463	FAX	(607) 974-3848
Name (Print/Type)	Randall S. Wayland			Registration No. (Attorney/Agent)	36,303
Signature	<u><i>Randall S. Wayland</i></u>			Date	<u>9/23/03</u>

 09/23/03 10570 U.S. PT	<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2>	Complete if Known	
	Application Number		To Be Assigned
	Filing Date		Herewith
	First Named Inventor		Bickham et al.
	Examiner Name		To Be Assigned
	Group / Art Unit		To Be Assigned
TOTAL AMOUNT OF PAYMENT (\$) 750.00		Attorney Docket Number SP02-180	

<p>METHOD OF PAYMENT (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number 03-3325</p> <p>Deposit Account Name Corning Incorporated</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fees Required Under 37 C.F.R. §§ 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p style="text-align: center; font-weight: bold;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td>101</td> <td>740</td> <td>Utility filing fee</td> <td><u>750.00</u></td> </tr> <tr> <td></td> <td>106</td> <td>330</td> <td>Design filing fee</td> <td>_____</td> </tr> <tr> <td></td> <td>107</td> <td>510</td> <td>Plant filing fee</td> <td>_____</td> </tr> <tr> <td></td> <td>108</td> <td>740</td> <td>Reissue filing fee</td> <td>_____</td> </tr> <tr> <td></td> <td>114</td> <td>160</td> <td>Provisional filing fee</td> <td>_____</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$)<u>750.00</u></td> </tr> </tbody> </table> <p>2. 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SUBMITTED BY			Completed (if applicable)		
Name (Print/Type)	Randall S. Wayland	Registration No. (Attorney/Agent)	36,303		
Signature		Date	9/23/03		